

FEE WAIVER REQUEST TO COURT

NOTE: If you are or intend to be a litigation guardian for a party under disability or a person representing a special party under the *Family Law Rules*, DO NOT USE THIS FORM. Instead use form "Fee Waiver Request to Registrar, Clerk or Sheriff by a Litigation Guardian for a Person Under Disability or a Person Representing a Special Party".

(PLEASE PRINT CLEARLY)

- (a) This is a request for waiver of court and/or enforcement fees with respect to (select one):
- ☐ a proceeding before the (specify court) Divisional Court
- ☐ the enforcement of an order of the (specify court or administrative tribunal)
Social Benefits Tribunal 2512-08602
- (b) Title of proceeding/Name of case: Kingdom of Heaven Found a Sean verses Guelph Superior Court
- (c) Court file/Claim number (if applicable): _____
- (d) In support of this request, I, (full legal name of requestor) King Sean, House von Dehn,,
submit the following affidavit, the 16th day of August, 20 26.

King Sean, House von Dehn, Hand of Stephen
(Signature of requestor)

(To be completed by registrar or clerk if the requestor is eligible for fee waiver under
s. 4.4(4) or s. 4.7(2) Administration of Justice Act, R.S.O. 1990, c. A.6)

Requestor is eligible for fee waiver under s. 4.4(4) or s. 4.7(2) Administration of Justice Act, R.S.O. 1990, c. A.6:

☐ Yes ☐ No

(Date of signature)

(Signature of registrar or clerk of the court)

(To be completed by the Court if the requestor is not eligible for fee waiver under
s. 4.4(4) or s. 4.7(2) Administration of Justice Act, R.S.O. 1990, c. A.6)

This Court orders that

☐ a fee waiver certificate shall be given. ☐ a fee waiver certificate shall not be given.

Reasons, if applicable:

(Date of signature)

(Signature of judge, deputy judge or associate judge)



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AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST

NOTE: If you are or intend to be a litigation guardian for a party under disability or a person representing a special party under the *Family Law Rules*, DO NOT USE THIS FORM. Instead use form "Affidavit in Support of Fee Waiver Request by a Litigation Guardian for a Person Under Disability or a Person Representing a Special Party".

(PLEASE PRINT CLEARLY)

1. I, (full legal name) King Sean, House von Dehn, of the (City, Town, etc.)
of Ottawa, MAKE OATH AND SAY (or AFFIRM):
I make this affidavit in support of my request for waiver of court and/or enforcement fees.

2. [Select and complete one.]

☐ I am the _____ in this proceeding or case, or I intend to
become a party in this proceeding or case.

OR

☐ I am seeking enforcement of an order of the (specify court or administrative tribunal)

Mandamus for Compliance of Order SBT-2512-08602

made in the proceeding or case of (title of proceeding/name of case)

SBT-2512-08602

3. My current mailing address and e-mail address, if applicable, are:

My current telephone number is: (873) 660 - 3732

4. I require a court interpreter for a language other than English, French or a visual language:

☐ for myself ☐ for witness(es) ☐ no interpreter required

Fee waiver is only available to a party, or person who intends to become a party, in a proceeding or case.

5. My court/enforcement fees are being paid by a lawyer under a contingency fee agreement:

☐ Yes ☐ No

If your answer to paragraph 5 is "Yes", you are not eligible for a fee waiver.

6. Legal Aid Ontario has approved an application for me to receive legal aid services in this case:

☐ Yes ☐ No

If your answer to paragraph 6 is "Yes", do not complete paragraphs 7 to 14.

7. The primary source of my household income is from one or more of the following sources:

- income assistance from Ontario Works,
- income support from Ontario Disability Support Program,
- Old Age Security Pension together with the Guaranteed Income Supplement,
- War Veterans Allowance, and
- Canada Pension Plan benefits:

☐ Yes ☐ No

If your answer to paragraph 7 is "Yes", only complete paragraph 12.



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AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST

8. The number of people in my household, including me, my spouse and dependent children is: 1
9. The gross annual income of my household, from all sources, is:
☐ **Under \$33,100**
10. The total amount of my household's liquid assets is less than \$2,800: Yes
11. My household's net worth is less than \$11,100: Yes

*If your answers to paragraphs 8-11 indicate that you **do** meet the prescribed financial eligibility, only complete paragraph 12. However, if your answers to paragraphs 8-11 indicate that you **do not** meet the prescribed financial eligibility, only complete paragraphs 13 and 14. You can go to Appendix A to learn more about the financial eligibility criteria.*

12. Attached as Exhibit "A" is the financial information section that accurately sets out my household's estimated annual income.
13. Attached as Exhibit "B" is a detailed financial statement that accurately sets out my household's estimated annual income, expenses and assets.
14. Attached as Exhibit "C" is a copy of (*select one*):
- ☐ the first document I filed or wish to file in this proceeding that sets out my position in the case (for example, statement of claim or application; statement of defence, answer).
- OR**
- ☐ the order I wish to enforce or continue enforcing.

This information is accurate to the best of my knowledge and belief. I agree to provide financial information and records, if requested, to confirm the information in this Request Form.

BEFORE ME AT the (City,

Town, etc.) of Ottawa

on (date) August 16th, 2026

King Sean, House von Dehn

(Signature of Requestor)

COMMISSIONER FOR TAKING AFFIDAVITS
(or as may be)

WARNING: IT IS AN OFFENCE UNDER THE CRIMINAL CODE TO KNOWINGLY SWEAR OR AFFIRM A FALSE AFFIDAVIT.

NOTE: For more information on **fee waiver**, please contact your local court or enforcement office. A listing of court addresses can be found on the Ministry of the Attorney General website at: www.ontario.ca/locations/courts. Please remember that court and enforcement staff cannot complete the forms for you or give you legal advice about your case.

Personal information contained on this form is collected under the authority of ss. 4.4 and 4.7 of the *Administration of Justice Act*, R.S.O. 1990, c. A.6. This information will be used to determine fee waiver eligibility. By signing this form, you agree to provide supporting financial documentation and records if requested to do so by the Ministry of the Attorney General, which would be used to confirm the information you provide in this form. If you have any



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AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST

8. The number of people in my household, including me, my spouse and dependent children is: 1

9. The gross annual income of my household, from all sources, is:

☐ **Under \$33,100**

10. The total amount of my household's liquid assets is less than \$2,800: Yes

questions regarding the **collection of personal information** for fee waiver requests, please contact the Operational Support Branch, Ministry of the Attorney General, 720 Bay Street, 2nd floor, Toronto, ON M7A 2S9, (416) 326-1028.



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EXHIBIT "A"

Exhibit "A" to the affidavit of

King Sean, House von Dehn, this
16 day of August, 20 26.

COMMISSIONER FOR TAKING AFFIDAVITS
(or as may be)

Financial information

Attach one of the following proof of income documents for each of you and your spouse. Indicate below which you have provided.

If you and your spouse are currently living apart and no longer in a relationship, you do not have to provide information and documents for them.

You	Spouse	
☐	☐	income tax return or notice of assessment for the most recent tax year
☐	☐	most recent statement of earnings from your/your spouse's employer or your/your spouse's three most recent pay stubs
☐	☐	most recent statement of income showing income from employment insurance, social assistance, a pension, workers compensation or disability payments.

OR

If you aren't able to provide the court with proof of income documents, please explain why and fill out the table below.

I don't have a fax or scanner and am in receipt of Ontario Works with a standing Order before the SBT for theft of subsidies and basic needs allowance, literally trying to bankrupt Me in retaliation for appealing to the Tribunal. OW does not Give Me receipts.

Fill out the table below, estimating the gross amount of annual income that you and your spouse received in the last year from each of the listed sources.

If you and your spouse are currently living apart and no longer in a relationship, you do not have to provide information for them.

	Your income	Your spouse's income	Other household members' income
Employment	\$	\$	\$
Pension	\$	\$	\$
Dividends	\$	\$	\$
Interest	\$	\$	\$



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Support received (child and spousal)	\$ 8,400	\$	\$
Other (<i>please specify</i>):	\$	\$	\$
Estimated gross annual income (for each person)	\$	\$	\$
Total (estimated gross annual household income)	\$ 8400	(est. \$700x12mos)	



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EXHIBIT “B”

Exhibit “B” to the affidavit of

....., this

..... day of, 20

COMMISSIONER FOR TAKING AFFIDAVITS
(or as may be)

DETAILED FINANCIAL STATEMENT

1. HOUSEHOLD

Besides myself, the following individuals make up my household:

(If you are married but living separate and apart from your spouse due to a breakdown in the relationship, do not include the spouse in the household.)

Name of individual	Relationship	Age

2. ESTIMATED NET ANNUAL HOUSEHOLD INCOME

[Attach copies of documents proving your income – for example, most recent pay stubs, income tax returns and T-4 slips, benefit statements.]

Estimated net annual household income from all sources (i.e., the income remaining after non-voluntary deductions such as income tax and union dues):

Employment	\$
Pension	\$
Dividends	\$
Interest	\$
Support received (child and spousal)	\$
Other <i>(please specify)</i>	\$
TOTAL (Estimated net annual household income)	\$



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3. ESTIMATED ANNUAL HOUSEHOLD EXPENSES

[Attach copies of receipts for the following:]

Annual expenses related to housing (e.g., rent, mortgage payments)	\$
Annual expenses related to transportation (e.g., train passes, automotive maintenance)	\$
Annual expenses related to household (e.g., utilities, maintenance)	\$
Annual expenses related to medical and dental	\$
Other personal annual expenses (e.g., food, clothing)	\$
Other annual expenses, not included in above, related to dependent children <i>(please specify)</i>	\$
Annual debt payments <i>(please specify)</i>	\$
TOTAL (Estimated annual household expenses)	\$

4. HOUSEHOLD ASSETS

[Specify all assets, including liquid assets (e.g., bank accounts, RRSPs) and non-liquid assets (an asset that cannot readily be converted to cash, e.g., real property) and set out their estimated value.]

Asset	Value
	\$
	\$
	\$
	\$
	\$
	\$



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5. ADDITIONAL FINANCIAL INFORMATION

NOTE: This section is **optional**. Complete it only if you would like to provide relevant information about your financial circumstances that has not already been set out in this affidavit.

[Attach copies of any documents you have that prove the financial information you provide below.]

I feel that the following information about my financial situation, which has not already been mentioned in this affidavit, is important to my request for fee waiver:



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EXHIBIT “C”

Exhibit “C” to the affidavit of

....., this

..... day of, 20

COMMISSIONER FOR TAKING AFFIDAVITS
(or as may be)

[Attach either a copy of the first document you filed or wish to file in this proceeding that sets out your position in the case (for example, statement of claim or application; statement of defence, answer), or a copy of the order you wish to enforce or continue enforcing, as appropriate.]



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APPENDIX “A”

Fee waiver eligibility criteria for automatic entitlement – gross annual household income and assets

Criteria		Maximum amount
Gross annual household income <i>Gross annual household income is the total amount of money that all of the members of your household earn in a year, before taxes or deductions</i>	1 person in your household	\$33,100
	2 people in your household	\$49,600
	3 people in your household	\$57,300
	4 people in your household	\$68,700
	5 or more people in your household	\$80,200
Household liquid assets <i>Household liquid assets are any assets owned by the members of your household that are money or can readily be converted into money, such as stocks, bonds, RRSPs or GICs that are not locked in.</i>		\$2,800
Household net worth <i>Household net worth is the value of all assets owned by the members of your household, minus the amount of all their debts and other financial liabilities.</i>		\$11,100

For more information about fee waivers and instructions on filling out this form, ask for a guide in your local courthouse or visit www.ontario.ca/page/have-your-court-fees-waived.



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